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DSS

Strong Families - South Dakota's Foundation and Our Future

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ATTENTION: **Providers and Billing Professionals**

FROM: **Lori Thompson, Assistant Division Director, South Dakota Medicaid**

RE: **837 File Submissions**

Recently, South Dakota Medicaid updated electronic claims validation software. The following claims submission guidelines will assist with claims edits that you may be experiencing as a result of this upgrade. These edits affect 837 files sent to SD48MED (Medicaid Claims).

1. The N4 segment requires the use of ZIP+4 for Provider information and Service Locations.
   a. You may use the USPS website to look up a ZIP+4, located here.
   b. Using 0000, 9999, or 9998 will reject the file.
   c. A client/recipient's ZIP+4 may be left blank or the number 1234 can be entered (again, if 0000, 9999, or 9998 is used, the file will be rejected).

2. The following loops are where a 2 is not valid in NM102.
   a. 2010CA - Patient Name
   b. 2310A - Referring Provider Name
   c. 2310D - Supervising Provider Name
   d. 2330C - Other Payer Referring Provider
   e. 2330F - Other Payer Supervising Provider
   f. 2420D - Service Line Rendering Provider Name
   g. 2420E - Service Line Ordering Provider Name
   h. 2420F - Service Line Referring Provider Name

3. The NM1 segment checks the code used in the NM102 (Entity Type) has a value of 1 (Person), NM104 (First Name) must be populated. Only a value of 1 is accepted in the NM102 location for a referring provider, see the workarounds below.
   a. Institutional Claims (837I)
      i. Loop 2310F
      ii. NM102 - must equal "1"--Person
      iii. NM103 - If reporting a facility PCP populate with "GROUP".
      iv. NM104 - If reporting a facility PCP populate with the PCP facility's name.
   b. Professional Claims (837P)
      i. Loop 2310A
      ii. NM102 - must equal "1"--Person
      iii. NM103 - If reporting a facility populate with "GROUP".
      iv. NM104 - If reporting a facility populate with the facility's name.

4. The SV1 segment checks for the use of non-specific procedure codes.
    a. These have in their descriptions terms such as: Not Otherwise Classified (NOC); Unlisted; Unspecified; Unclassified; Other; Miscellaneous; Prescription Drug, Generic; or Prescription Drug, Brand Name.
    b. When the procedure code is non-specific (SV101-02 is 'V2199') a description in SV101-07 is required.

5. The Billing Provider Address must be a street address. Post Office Box or Lock Box addresses are to be sent in the Pay-To Address Loop (Loop ID-2010AB), if necessary. N302 is used only when there is a second address line, i.e. Suite #, Apartment #.

6. Contractual Obligations belong in the CAS segment of the 2320 Loop or the 2430 Loop.
    a. CAS*CO*45*7.93~

The Companion Guide for SD48MED can be found online here. If you have questions please contact our telephone service unit at 1-800-452-7691 or out-of-state 1-605-945-5006).

Thank you,

Lori Thompson
Assistant Division Director
South Dakota Medicaid